



National
Aeronautics and
Space
Administration

Interview Request

MEDIA/GROUP/ORGANIZATION

SUBJECT

INTERVIEWER'S NAME

MEDIUM

PHONE

DATE

TIME

LOCATION

DURATION

RECOMMENDED ATTENDEES *(Use an asterisk (*) to indicate persons who have been invited.)*

TRANSPORTATION



☐ PROVIDED

☐ NASA

DISCUSSED WITH
ADMINISTRATOR



☐ YES

☐ NO

APPROVAL

☐

PRESS SECRETARY *(Name and Signature)*

DATE

APPROVAL

☐

ASSISTANT ADMINISTRATOR FOR PUBLIC AFFAIRS *(Name and Signature)*

DATE

APPROVAL

☐

STRATEGIC COMMUNICATIONS CHIEF *(Name and Signature)*

DATE

STAFF POINT
OF CONTACT



NAME

PHONE

E-MAIL

DATE